



STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS

ATHLETE AGENT REGISTRATION: INITIAL APPLICATION INSTRUCTIONS

Mailing Address
P.O. Box 5757
Columbia, SC 29250-5757

S.C. Code Ann. § 59-102-10 et seq. (Supp. 2004)
www.sconsumer.gov
803-734-4236/800-922-1594

Street Address
3600 Forest Drive
Columbia, SC 29204-4406

ALL NEW APPLICANTS MUST SUBMIT THE FOLLOWING:

A. APPLICATION FORMS

- Athlete Agent Business Form **AND**
- Athlete Agent Employee Form (*This form must be completed by all Athlete Agents expected to solicit and/or contract with student athletes*) **OR**
- Out of State Application
 - Applicants who have filed an athlete agent application in another state may submit a **copy of that application** and **certificate/ license** received in lieu of submitting the documents above if the following criteria are met:
 - The applicant applied for and holds a certificate, registration or license as an athlete agent in a state;
 - The application was submitted to the state within six months preceding the submission of the application to this State;
 - The application contains information substantially similar to or is more comprehensive than the South Carolina application forms;
 - The application was signed by the applicant under penalty of perjury; **AND**
 - The applicant certifies that the information contained in the application is current and accurate.

B. FEE

- \$500 Registration Fee

C. CONTRACT

- A copy of the Agency Contract (*This contract must comply with S.C. Code Ann. § 59-102-100.*)

D. BUSINESS RECORDS

- ***South Carolina Businesses must also submit the following:***
 - A copy of the ARTICLES OF INCORPORATION or ARTICLES OF ORGANIZATION or AGREEMENT, **AND**
 - A certified copy of the last CERTIFICATE OF EXISTENCE, dated not more than 180 days prior to the date of the application, issued by the South Carolina Secretary of State**.
- ***Out of State Business must also submit the following:***
 - A copy of the ARTICLES OF INCORPORATION or ARTICLES OF ORGANIZATION or AGREEMENT, **AND**
 - A certified copy of the CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS in the State of South Carolina**.

** Applications for and copies of Certificate of Existence and Certificates to Transact Business may be obtained by contacting the South Carolina Secretary of State's Office at 803-734-2158 or www.scsos.com.

Make Checks Payable To:
Send Completed Applications To:

South Carolina Department of Consumer Affairs
Legal Division: Athlete Agent Division
P.O. Box 5757
Columbia, SC 29250-5757



STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS

ATHLETE AGENT REGISTRATION APPLICATION: INITIAL BUSINESS FORM

S.C. Code Ann. § 59-102-10 et seq. (Supp. 2004)

www.sconsumer.gov

803-734-4236/800-922-1594

Mailing Address

P.O. Box 5757
Columbia, SC 29250-5757

Street Address

3600 Forest Drive
Columbia, SC 29204-4406

See Application Instructions. Please Type or Print Legibly. In order for your application to be processed, complete all of the following questions. Incomplete information could result in delay or denial of your application. This form, as well as, each supplemental form must be notarized.

DO NOT FAX THIS FORM

- Applicant's Name: _____
(Last) (First) (Middle)
- Company Name: _____
(Current Employer)
Trade Name (dba): _____
- Mailing Address: _____
(Street)

(City) (State) (Zip Code)
- Physical Address: _____
(Street)

(City) (State) (Zip Code)
- Phone No.: _____ 6. Fax No.: _____
- Website: _____

BUSINESS INFORMATION

- How long has this business been in existence? _____
- List any and all other names under which you have done business. (Attach additional sheet(s) necessary.) _____
- Current business type: sole proprietorship partnership professional association corporation
 limited liability partnership (LLP) limited liability company (LLC) other _____
- a.) If the business **is not a corporation**, list all: (1) partners; (2) members; (3) officers; (4) managers; (5) associates; and (6) profit-sharers of the business.
b.) If the business **is a corporation**, list all: (1) officers; (2) directors; and (3) any shareholder having an interest in the corporation of five percent or greater (including limited or silent partners).

Attach additional sheet(s) as necessary.

Name:	Address:	Position:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

BACKGROUND INFORMATION: The following questions should be answered for **persons listed in 11a or 11b.** Mark an X in the appropriate box. **Attach details as necessary.**

- | | | | |
|-----|--------------------------|--------------------------|--|
| | YES | NO | |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | Has any partner, member, manager, associate, profit-sharer, officer, director or any shareholder of the business having an interest of 5% or greater been convicted of a felony or of an offense involving breach of trust, moral turpitude or dishonest dealings within the past ten years? Provide details about the offense, including conviction date, court, penalty and attach a certified copy of the Criminal Docket Sheet and the Presentence Investigation Report. |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | Has there been any administrative or judicial determination made that a false, misleading, deceptive, or fraudulent representation was made by any partner, member, manager, associate, profit-sharer, officer, director or any shareholder of the business having an interest of 5% or greater ? If yes, attach details. |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | Has any licensing or other credentialing agency ever taken any disciplinary action against any partner, member, manager, associate, profit-sharer, officer, director or any shareholder of the business having an interest of 5% or greater including but not limited to, any warning, reprimand, suspension, probation, limitation or revocation? Provide details, including the name of the agency and date of action. |
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | Is disciplinary action pending against any partner, member, manager, associate, profit-sharer, officer, director or any shareholder of the business having an interest of 5% or greater in any jurisdiction? Provide details, including the name of the agency and status of action. |
| 16. | <input type="checkbox"/> | <input type="checkbox"/> | Has any partner, member, manager, associate, profit-sharer, officer, director or any shareholder of the business having an interest of 5% or greater had any civil judgments, lawsuits or liens brought against them? If yes, provide details. |
| 17. | <input type="checkbox"/> | <input type="checkbox"/> | Has any partner, member, manager, associate, profit-sharer, officer, director or any shareholder of the business having an interest of 5% or greater engaged in any conduct which resulted in the imposition against a student athlete or educational institution of a sanction, suspension, or declaration of ineligibility to participate in an interscholastic or intercollegiate event? If yes, attach complete details. |
| 18. | <input type="checkbox"/> | <input type="checkbox"/> | Have all persons listed in item 11a or 11b read and become familiar with the Uniform Athletic Agent Act, S.C. Code Ann. § 59-102-10 <i>et seq.</i> ? |

19. List the name and addresses of the Agents that may be expected to solicit or recruit or assist in soliciting or recruiting South Carolina student athletes, including applicant. **NOTE: A separate Athlete Agent Employee Form must be completed and submitted for each Agent listed. Attach additional sheet(s) as necessary.**

Name:

Address:

20. **OTHER ATTACHMENTS:** Please use the checklist below to verify your application packet is complete.
Incomplete packets could result in delay or denial of your application.

- | | |
|---|---|
| <input type="checkbox"/> Articles of Incorporation/ Organization/ Agreement | <input type="checkbox"/> \$500 Filing Fee |
| <input type="checkbox"/> SC Secretary of State Certificate | <input type="checkbox"/> Complete Agent Employee Form for each Agent in #19 |
| <input type="checkbox"/> Copy of Agency Contract – Must meet the requirements of Section 59-102-100 , including the WARNING provision. | |

The undersigned swears or affirms and certifies that he/she has completed and/or reviewed all information in this application and that all information contained herein and in all addending and supplemental forms is true and accurate. The undersigned further certifies that giving false information in this application or any addending or supplemental forms constitutes cause for denial or revocation of the application or license and subjects him/her to criminal prosecution for perjury. The undersigned acknowledges the duty and agrees to update and correct this information as it changes and warrants that his or her execution of this form is duly authorized, executed and delivered by and for the entity for which he or she signs.

Signature

Print name

SWORN TO AND SUBSCRIBED before me
 this _____ day of _____, 20____

Print Business Relationship or Title

Notary Public For : _____
 My Commission Expires: _____

The South Carolina Freedom of Information Act may require the Department to release this form as a public record; however, personal identifying information will be released only if required by law.